



Please complete both sides.

## New Member Enrollment Application

### National Society of Accountants for Cooperatives

136 South Keowee Street | Dayton, OH 45402  
Phone: (937) 222-6707 | Fax: (937) 222-5794  
info@nsacoop.org | www.nsac.coop

Name (First/Middle/Last): \_\_\_\_\_

Salutation (name you prefer to be called by if different from above): \_\_\_\_\_

I was referred to NSAC by (member name) \_\_\_\_\_

Chapter(s) I want to join (refer to next page): \_\_\_\_\_

I prefer correspondence to go to my:  Firm Address  Home Address Are you a former member of NSAC?  Yes  No

#### Company Information:

Job Title \_\_\_\_\_

Firm Name \_\_\_\_\_

Mailing Address, City, State, Zip, Country: \_\_\_\_\_

Package Address (Street, City, State, Zip) for FEDEX, UPS, etc. if different from above address:

\_\_\_\_\_

Work Phone + extension: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll free number: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

CEO or General Manager's Name: \_\_\_\_\_

**Home Information:** *We do not sell or provide your information without your permission. Because NSAC membership is individual we request your personal information in case we are unable to reach you at your firm/company or you leave your firm and we can't get a forwarding address from them. It will not be accessible to others on the website unless it is the only address you give us or it is your preferred address for mailings*

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Professional Information** Are you a CPA?  Yes  No

Number of years in a cooperative activity or providing professional support to a cooperative activity:

Other relevant professional certifications:

#### Demographic Information (optional)

Birth date: \_\_\_\_\_  Male  Female

Name of School

City/State

Degree and Year

1. \_\_\_\_\_

2. \_\_\_\_\_

Each application **MUST** be accompanied by a **check or charge for both (1) national and (2) chapter<sup>1</sup> dues.**

Dues are non-refundable. <sup>1</sup>Retired members are not required to pay chapter dues.

Check enclosed \$ \_\_\_\_\_  Charge \$ \_\_\_\_\_ to my:  Visa  MasterCard  AMEX

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Print name on credit card \_\_\_\_\_

Credit card billing address:  Firm Address  Home Address Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval of this application is subject to final endorsement by the Executive Board**

# Membership Types



**All memberships are individual memberships and are not transferable.**

**REGULAR:** To be eligible for regular membership, an individual shall be employed by or affiliated with a cooperative association, be engaged in providing professional services for cooperatives, or shall otherwise be engaged in the furtherance of cooperative principles. The national annual membership service fee is **\$175.00** and covers 1 year of membership from the date enrolled. NSAC membership dues must include payment of national membership service fees *plus* applicable chapter dues (listed below).

**RETIRED:** To be eligible for retired membership, an individual must have a minimum of five years active membership in good standing, have reached age 55, and be retired from active business under provisions of a formal retirement plan or through amicable arrangement with his or her employer which results in a complete severance or material reduction in compensation, or have retired because of permanent disability. The national membership service fee is **\$50**; there are no chapter dues required.

## CHAPTER MEMBERSHIP AND DUES

**Chapter membership is required as a condition of membership in NSAC.** Ten chapters have been organized using state boundaries as set forth below. Members usually affiliate with the chapter covering the state in which they live or work. However, NSAC recognizes that for professional, geographic or other reasons members may prefer to affiliate with a different chapter or with more than one chapter.

Dues are assessed on the basis of all chapters chosen. Please designate on page 1 the chapter(s) in which you want to hold membership. If no choice is made, a chapter assignment will be made based on address. *If joining more than one chapter, the first chapter listed on page 1 will be considered your primary chapter for voting purposes.*

### CHAPTERS AND CHAPTER DUES

<b>Capitol</b> (CT, DC, DE, MA, MD, ME, NH, NJ, NY PA, PR, RI, VA, VT, WV)	\$ 20
<b>Electric Cooperative</b> (nation-wide)	\$ 25
<b>Far Western</b> (AZ, CA, HI, NV, UT)	\$ 20
<b>Great Lakes</b> (MI, WI)	\$ 10
<b>Mid-West</b> (CO, KS, NE, NM, OK)	\$ 10
<b>Mississippi Valley</b> (AR, IA, IL, IN, KY, OH, MO, MS)	\$ 10
<b>North Central</b> (MN, ND, SD)	\$ 10
<b>Pacific Northwest</b> (AK, ID, MT, OR, WA, WY)	\$ 20
<b>South Atlantic</b> (AL, FL, GA, NC, SC, TN)	\$ 30
<b>Texas</b> (LA, TX)	\$ 10
<b>Canada</b> (Forming)	

### OCCUPATIONS (check the box which applies)

- |   |   |
|---|---|
| <input type="checkbox"/> Accountant or Auditor<br>General | <input type="checkbox"/> Consultant                       |
| <input type="checkbox"/> Accountant – Tax                 | <input type="checkbox"/> Educator                         |
| <input type="checkbox"/> Association<br>Management        | <input type="checkbox"/> Financial Officer or Advisor     |
| <input type="checkbox"/> Attorney                         | <input type="checkbox"/> Information Technology           |
| <input type="checkbox"/> Bookkeeper                       | <input type="checkbox"/> Management                       |
| <input type="checkbox"/> CEO/COO/President                | <input type="checkbox"/> Marketing                        |
| <input type="checkbox"/> CFO/Controller/<br>Treasurer     | <input type="checkbox"/> Retired                          |
|   | <input type="checkbox"/> Other (please specify):<br>_____ |

### WHERE ARE YOUR FIRM'S CUSTOMERS

- Local (county and/or surrounding counties)  
 Regional (state and/or surrounding states)  
 Nationwide  
 International

### CO-OP TYPE (Check the box which applies; if not a cooperative, check the last box.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Agricultural Marketing          | <input type="checkbox"/> Grocery, Retail or Wholesale | <input type="checkbox"/> Purchasing, Other:<br>_____ |
| <input type="checkbox"/> Banking/Financial Services      | <input type="checkbox"/> Franchise                    | <input type="checkbox"/> Service, Other:<br>_____    |
| <input type="checkbox"/> Distribution/Logistics          | <input type="checkbox"/> Funeral & Memorial Societies | <input type="checkbox"/> Telephone & Communication   |
| <input type="checkbox"/> Education/Childcare             | <input type="checkbox"/> Hardware/Lumber              | <input type="checkbox"/> Transportation              |
| <input type="checkbox"/> Energy, Electric Distribution   | <input type="checkbox"/> Healthcare                   | <input type="checkbox"/> Other:<br>_____             |
| <input type="checkbox"/> Energy, Electric Power Supply   | <input type="checkbox"/> Housing & Related Industries |  |
| <input type="checkbox"/> Energy, State-Wide Associations | <input type="checkbox"/> Information Technology       |  |
| <input type="checkbox"/> Energy, Other:<br>_____         | <input type="checkbox"/> Insurance                    |  |
|  | <input type="checkbox"/> Marketing, Other:<br>_____   |  |
| <input type="checkbox"/> Farm Supplies & Services        |   | <input type="checkbox"/> Not a Cooperative           |